

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130(d) & 42 CFR 447.10(f) & (g)(3)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 164,184

b. FFY 2002 \$ 218,912

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attached

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

See Attached

10. SUBJECT OF AMENDMENT:

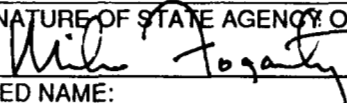
Adding new level of care, Intensive Treatment Services to REMS

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

3-29-01

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

29 MARCH 2001

18. DATE APPROVED:

27 JUNE 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

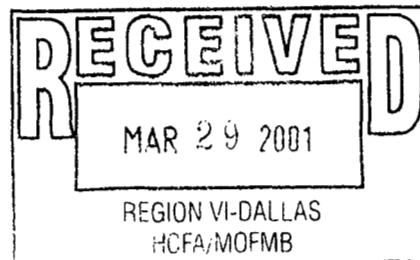
23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

ATTACHMENT TO HCFA-179 FOR RBMS EFFECTIVE 01-01-01

Attachment 3.1-A, Page 1a-6.10	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-A, Page 1a-6.11	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-A, Page 1a-6.12	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-A, Page 1a-6.13	Delete Page
Attachment 3.1-B, Page 2a-8.7	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-B, Page 2a-8.8	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-B, Page 2a-8.9	Same page, New Page 11/05/97, TN#97-19
Attachment 3.1-B, Page 2a-8.10	Delete Page

An attachment to 4.19-B, page 39, for each level of care under RBMS



State OKLAHOMA

STATE	OKlahoma
DATE REC'D	29 Mar 01
DATE APPROV'D	27 Jun 01
DATE EFF	1 Jan 01
HCFA 179	OK-01-05

A

Attachment 3.1-A
Page 1a-6.10

Sanctions Home	Highly Intensive Supervision and Treatment
Independent Living Group Home	Intensive Supervision and Treatment
Intensive Treatment Services(ITS) Group Home	Maximum Supervision and Treatment Crisis & Stabilization Intervention Treatment

It is expected that RBMS in group settings are an all-inclusive array of treatment services provided in one day. In the case of a child who needs additional specialized services, under the Rehabilitation Option, or by a psychologist, prior authorization is required. Only specialized rehabilitation or psychological treatment services to address unique, unusual or severe symptoms or disorders will be authorized. Concurrent documentation must be provided that these services are not duplicative in nature. All services must meet the medical necessity criteria.

Treatment Plan Development. A comprehensive, individualized treatment plan for each resident shall be formulated by the Provider Agency staff within 30 days of admission, for ITS level within 72 hours, with documented input from the Agency which has permanent or temporary custody of the child and when possible the parent. This plan shall be revised and updated at least every three months, every seven days for ITS, with documented involvement of the Agency which has permanent or temporary custody of the child. Documented involvement can be written approval of the treatment plan by the Agency that has custody of the child. A treatment plan is considered inherent in the provision of therapy and is not covered as a separate item of RBMS. The treatment plan is individualized taking into account the child's age, history, diagnosis, functional levels, and culture. It includes appropriate goals and time limited and measurable objectives. Each resident's treatment plan shall also address the Provider Agency's plans with regard to the provision of services in each of the following areas:

Individual Therapy. The Provider Agency shall provide individual therapy, on a weekly basis, with a minimum of one or more sessions totaling one hour or more of treatment per week to children and youth receiving RBMS in Wilderness Camps, Level D, OJA Operated Group Homes, Level D+ Homes, Level E Homes, Independent Living Homes, and Sanctions Homes. ITS Level residents will receive a minimum of five or more sessions totaling a minimum of five or more hours of individual therapy per week. Clients residing in Diagnostic and Evaluation Centers and Level C Group Homes receive Individual Therapy on an as needed basis..

Group Therapy. The Provider Agency shall provide group therapy to children and youth receiving RBMS. The Minimum expected occurrence would be one hour per week in Level D, Level C, OJA Operated, Wilderness Camps and Independent Living.

SUPERSEDES TN- OK-97-19

Revised 01-01-01

TN# OK-01-05 Approval Date 06-27-01 Effective Date 01-01-01
Supersedes
TN# OK-97-19

STATE <u>Oklahoma</u>	A
DATE REC'D <u>29 Mar 01</u>	
DATE APPV'D <u>27 Jun 01</u>	
DATE EFF <u>1 Jan 01</u>	
HCFA 179 <u>OK-01-05</u>	

Attachment 3.1-A
Page 1a-6.11

State OKLAHOMA

Two hours per week are required in Levels D+ and E. Ten hours per week are required in Sanctions Homes, and Intensive Treatment Service Level. Group therapy is not required for Diagnostic and Evaluation Centers. Group size not to exceed six members per session.

Family Therapy. Family therapy is a face to face interaction between the therapist/counselor and family, to facilitate emotional, psychological or behavioral changes and promote successful communication and understanding. The Agency shall work with the caretaker to whom the resident will be discharged, as identified by the OHCDs custody worker. The Agency shall seek to support and enhance the child's relationships with family members, if the custody plan for the child indicates family reunification. The RBMS provider shall also seek to involve the child's parents in treatment team meetings, plans and decisions and to keep them informed of the child's progress in the program. Any service provided to the family must have the child as the focus.

Alcohol and other drug abuse treatment, education, prevention, therapy. The Provider Agency shall provide alcohol and other drug abuse treatment for residents who have emotional or behavioral problems related to substance abuse/chemical dependency, to begin, maintain and enhance recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction. This service shall be considered ancillary to any other formal treatment program in which the child participates for treatment and rehabilitation. For residents who have no identifiable alcohol or other drug use, abuse, or dependency age appropriate education and prevention activities are appropriate.

Basic Living Skills Redevelopment. The Provider Agency shall provide goal directed activities designed for each resident to restore, retain, and improve those basic skills necessary to independently function in a family or community. This may include, but is not limited to food planning and preparation, maintenance of personal hygiene and living environment, household management, personal and household shopping, community awareness and familiarization with community resources, mobility skills, job application and retention skills.

SUPERSEDES: TN- OK 97-19

Revised 01-01-01

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State OKLAHOMA

Social Skills Redevelopment. The Provider Agency shall provide goal directed activities designed for each resident to restore, retain and improve the self help, communication, socialization, and adaptive skills necessary to reside successfully in home and community based settings. For ITS level of care, the minimum skill redevelopment per day is three hours. Any combination of basic living skills and social skills redevelopment that is appropriate to the need and developmental abilities of the child is acceptable.

Behavior Redirection. The Provider Agency must provide behavior redirection management and crisis stabilization as needed 24 hours a day, 7 days per week. The Agency shall ensure staff availability to respond in a crisis to stabilize residents' behavior and prevent placement disruption.

PROVIDERS

Eligible Providers. Payment is made for RBMS, in group settings, to any OHCDs that is a child placing agency and has a statutory authority for the care of children in the custody of the State of Oklahoma and that enters into a contract with the State Medicaid program. The OHCDs must certify to the OHCA that all direct providers of services (whether furnished through its own employees or under contract) meet the minimum program qualifications.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>24 mar 01</u>	
DATE APPV'D <u>27 Jun 01</u>	
DATE EFF <u>1 Jan 01</u>	
HCFA 179 <u>OK-01-05</u>	

SUPERSEDES: TN- OK 97-19

Revised 01-01-01

TN# OK-01-05 Approval Date 06-27-01 Effective Date 01-01-01
Supersedes
TN# OK-97-19

State OKLAHOMA

STATE <u>OKLAHOMA</u>	A
DATE REC'D <u>29 Mar 01</u>	
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DATE EFF <u>1 Jan 01</u>	
HCFA 179 <u>OK-01-05</u>	

Attachment 3.1-B
Page 2a-8.7

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Revised 01-01-01

TN# OK 01-05 Approval Date 6/27/01 Effective Date 01/01/01
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State OKLAHOMA

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DATE APPV'D <u>27 Jun 01</u>	
DATE EFF. <u>1 Jan 01</u>	
HCFA 179 <u>OK 01-05</u>	

SUPERSEDES: TN- OK 97-19

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TN# OK 01-05 Approval Date 6/27/01 Effective Date 01/01/01
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State OKLAHOMA

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STATE <u>Oklahoma</u>	A
DATE REC'D <u>29 Mar 01</u>	
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DATE EFF <u>1 Jan 01</u>	
HCFA 179 <u>OK 01-05</u>	

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Supersedes
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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

A per diem rate will be established for each residential level of care in which behavior management services are provided. For purposes of this plan amendment, the rates were computed as follows:

1. State fiscal year 1998 contracted residential care services per diems were arrayed by level of care, from highest to lowest cost.
2. A direct care cost adjustment factor for behavior management services was determined for each level of care. A factor of eighteen percent (18%) was used for Level C services, which is the least resource intense level of care.
3. Each level of care contracted per diem was multiplied by the associated direct care adjustment factor to arrive at the Medicaid reimbursement rate. The resulting rate for level C services is comparable to the statewide rate for providing one unit of rehabilitative treatment services in a non-residential setting.

The payment is an all-inclusive daily rate for all behavior management services provided under the auspices of the OHCDs in one day. Room and Board costs, educational costs and related administrative costs are not reimbursable. RBMS are limited to a maximum of one service per day per eligible recipient.

STATE <u>OK</u>	A
DATE REC'D <u>1-5-98</u>	
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